

## **Frequently Asked Questions About Pandemic Preparedness Regional Planning April 2006**

### ***Why is regional pandemic planning important to undertake now?***

There is an increasing spread of H5N1, the virus that causes avian influenza among birds, in many parts of the world. Public health officials are concerned that the potential for efficient human-to-human transmission is approaching. The New Hampshire Department of Health and Human Services (DHHS) has recently updated its influenza pandemic plan. While municipal officials and public health system partners have been working to update mass clinic plans and other components of public health emergency response plans, it is critical for all communities to have comprehensive pandemic response plans in place.

### ***What is the State proposing for how communities should plan?***

Unlike many emergencies, a pandemic will likely affect the entire state. Therefore, in order to increase the effectiveness of our response, the DHHS and the Department of Safety (DOS) have adopted a regional approach for planning. This approach also reflects the fact that many of the components of a response, and health care services in particular, are provided by agencies and institutions that serve a region, rather than individual communities.

### ***How did the State identify the regions?***

The regions are the same as those being used to develop plans for mass vaccination or medication dispensing clinics (i.e. points of distribution or PODs). This increases the ability of municipalities and other partners to take advantage of the work that has already been completed with respect to the POD component of a comprehensive pandemic plan. These regions will be known as All Hazards Site (AHS) planning regions.

### ***Who approved the State's proposal to require planning be done by AHS regions?***

The DHHS convened a Pandemic Preparedness Coordinating Committee (PPCC), comprised of elected and appointed public officials, representatives from professional associations representing first responders and health care providers, the National Guard and other stakeholders. The proposal to implement AHS regional planning was supported unanimously by attendees at a March 27 meeting of the PPCC.

### ***How was the level of funding for each AHS region determined?***

The DHHS developed seven funding options for the PPCC to consider. The one adopted provides every community a base level of funding that was determined by whether the population was above or below the median population of all communities statewide. The base awards accounted for 43% of the total funds available. The funds remaining after the base awards were made were allocated on a per capita basis based on the population of each region.

***Why does the funding seem to vary so much among AHS regions?***

There are two main factors. Some AHS regions have a much greater number of communities, so the base award is greater. The total population of each AHS region is the second factor.

***How will the State provide funding to the AHS regions?***

In order for funds to be made available, a Memorandum of Understanding (MOU) between the DHHS, DOS, the region's fiscal agent, and a representative from each municipality must be signed. Once the MOU is signed, the DHHS will send the documents needed to enter into a funding agreement to the fiscal agent. Completed documents will be returned to DHHS, and the proposed agreement will be sent to the Governor and Executive Council for approval. Once approved, 75% of the total funding that is being made available to the AHS region will be provided to the region's fiscal agent. The remaining 25% will be provided once the AHS region has completed a regional plan and the PPCC has approved the plan.

***What agency can serve as fiscal agent?***

The PPCC endorsed that agencies receiving funds to coordinate a public health network, a hospital physically located in the AHS region, or a municipality that agrees to serve the entire AHS region be considered to serve as fiscal agent. Regional partners will be able to propose another option, such as a non-profit agency, for consideration by DHHS if necessary.

***When will the funding be available?***

DHHS expects to place items requesting approval before the Governor and Executive Council within 4 to 6 weeks after the completed documents needed to enter into an agreement are returned to DHHS.

***What can funds be used for?***

Funds can be used to support consultants to assist with planning activities, meeting expenses, training, office and planning-related supplies, travel, and other expenses directly related to achieving the goals of this funding. Budgets, including a budget narrative must be approved by DHHS. Any funds used to convene regional partners, including costs associated with completing the MOU, will be approved for reimbursement.

***Will each individual city or town receive a specific level of funding?***

Funds are intended to develop regional plans and strengthen the capacity and capabilities of partners that will be part of a response to a pandemic. While the funding formula that

determined the amount of funds being provided to each region was based on the population of each community in the region, the entire pool of funds being provided to the region are not intended to provide a specific, pre-determined level of funding to each community. Each Regional Coordinating Committee (RCC) will decide how funds are used in their region, including funds that can be directed to individual agencies or municipalities to support personnel, materials, or other items that strengthen the response capacity. Thus, individual cities or towns, along with other non-governmental agencies, may receive funds for a specific purpose as agreed to by the RCC.

***What is the purpose of naming Points of Contact (POC) within each region?***

The state has asked each region to identify a single POC for the purposes of both administering the funding that is provided to the region and for programmatic related issues in order to ensure consistent communication between the state and each region. The POC will be responsible for ensuring that all partners within the region are kept informed.

***What will be some of the first steps AHS regional partners will need to do?***

The first step will be to convene a RCC that includes a representative from each municipal government, the AHS regional fiscal agent, and other stakeholders including health and human service providers, public safety agencies, public health networks, business, schools, faith-based and other community organizations. The RCC will provide oversight and monitor the progress of planning efforts.

The first step for regional planners will be to assess the current readiness within the AHS region to respond to a pandemic. The Centers for Disease Control and Prevention (CDC) has developed an easy-to-use set of indicators that will allow AHS regional partners to assess what plans and systems are already in place and those that need to be developed. The assessment tool closely mirrors the required elements of a response plan that are described in the MOU. By completing the assessment, AHS regional partners will identify the most significant gaps in their area and develop a list of actions they will take to address those gaps. Finally, checklists will be made available to regional planners that will list specific activities that need to occur during the planning process.

***What are the working timelines for the first steps that each region needs to take?***

The DHHS has asked that each region provide them with the name of the fiscal agent and the administrative/programmatic POC by April 28. In addition, an appropriate representative(s) from each municipality must provide a preliminary verbal commitment to participate in the regional planning activities. Once this information is received by DHHS, the MOU will be sent to the region for signature by the fiscal agent and each municipality. The completed MOU must be returned to DHHS with a proposed budget and a completed preliminary plan that describes how the regional will approach the planning process. Templates and guidance for both the budget and preliminary plan will

be sent to the POC within 1 day. A completed preliminary plan and proposed budget must be submitted within 2 weeks after they are received by the POC. These will be reviewed and approved by the PPCC. Following PPCC approval, the documents required to enter into an agreement with DHHS will be sent to the fiscal agent for completion and submitted to the Governor and Executive Council for approval by DHHS. The goal is to have agreements approved by July 1.

***What support will the DHHS and DOS provide to AHS regional partners?***

Each of these two state agencies has specific strengths that will support AHS regional planning efforts. The DHHS has developed a community template for public health emergency planning, risk communications, isolation and quarantine, along with other supporting materials. Technical staff, including epidemiologists, public health nurses, and community development professionals will be available to assist AHS regional planners. The DOS has developed planning templates for POD, behavioral health, and volunteer recruitment and support. Technical staff that specialize in these areas as well as field representatives will be available to assist AHS regional planners. Finally, the agency selected to manage the funding to AHS regions will provide some additional logistical and technical support.

***How do I get more information about this process and what is occurring in my region?***

The DHHS has a dedicated e-mail address that can be used to submit question or requests for additional information. The address is: [pandemicplanning@dhhs.state.nh.us](mailto:pandemicplanning@dhhs.state.nh.us) Additional information about avian influenza planning is available on the DHHS website at: [www.dhhs.nh.gov](http://www.dhhs.nh.gov).